Competency Self-Assessment

Name: _____

Current Title: _____

Years in Current Position: _____ **Years with Department:** _____

List previous positions/titles with Department:

1. _____
2. _____
3. _____
4. _____
5. _____

Years with State Government: _____

List previous positions/titles with state government:

1. _____
2. _____
3. _____
4. _____
5. _____

List previous positions outside state government and time periods:

1. _____
2. _____
3. _____
4. _____
5. _____

Competencies* critical to current job (with each competency, list 2-3 typical activities that would describe how this competency is used):

1. _____
2. _____
3. _____
4. _____
5. _____

Additional competencies I possess:

1. _____
2. _____
3. _____
4. _____
5. _____

* "Competencies" are observable and measurable knowledges, skills, abilities, and behaviors that must be applied to achieve results aligned with the goals of the organization.

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